



Arkansas Tobacco Settlement Commission

Quarterly Report

Executive Summary:

The Arkansas Tobacco Settlement Commission (ATSC) continues to meet quarterly to oversee and assess the progress of the programs funded by the Tobacco Settlement Proceeds Act of 2000. This year the Commission is working closely with RAND to develop its biennial report to the Governor and General Assembly. The next report will be published in August 2006.

We would like to commend the 85th General Assembly for making Arkansas one of many states that have enacted statewide smoke-free laws. The Clean Indoor Air Act of 2006 will potentially reduce the death toll and protect our children from the dangerous effects of second-hand smoke. Having smoke-free environments will enhance our comprehensive tobacco control initiatives, and ensure more effective usage of our state's tobacco settlement funds. Also, after two years of anticipation, the Medicaid Expansion Program is able to implement its initiative that will increase health coverage to non-pregnant adults, aged 19-64 of participating employers, whose family income is equal to or less than 200% of the federal poverty level! Phase 1 will tentatively begin in January, 2007 to occur over 12-18 months, with an enrollment limitation of 15,000 enrollees.

Summary reports for each program for the period January 2006 to March 2006 are as follows:

Arkansas Aging Initiative (AAI)

*a program of the Donald W. Reynolds Center on Aging
University of Arkansas for Medical Sciences*

Mission

- To improve the health of older Arkansans through interdisciplinary geriatric care and innovative education programs
- To influence health policy affecting older adults



April 2006

Program Progress

The Schmieding Center for Senior Health and Education has an annual distinguished lecturer, this year it was Senator Blanche Lincoln who serves on the Senate Special Committee on Aging. Her lecture topic was "Caring for Senior Baby Boomers; our Next Great Workforce Challenge", where she talked about the challenges of geriatric workforce shortage. Ninety-two people attended and there was extensive coverage in the North West local papers and the Arkansas Democrat-Gazette.

Four COA sites participated in recruitment and hosted focus groups for evaluation of the content of the Broyles Playbook for Alzheimer's Family Caregivers. These included Mountain Home, Fort Smith, El Dorado and Helena.

The Schmieding Center for Senior Health and Education has begun extensive plans for a "Silver Summit" to be held November 3-4, 2006. The Silver Summit will be sponsored and supported by many of Northwest Arkansas' major companies and organizations. It will be a two-day conference and expo including Lifestyle, Health & Wellness, Caregiving, Daily living Resources, Senior Connections and Life Panning. National speakers will be presenting on the newest information, techniques and technology. Separate concurrent sessions for healthcare professionals, businesses, home caregivers, and the public will be held. The Expo will consist of a tradeshow with organizations and companies providing all the latest resources, services and products for the new stage of aging.

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During the quarterly Donald W. Reynolds Institute on Aging (DWRIOA) Advisory Committee Meeting - Dr. Beverly introduced Mr. Louis Cella, Owner of Oaklawn Jockey Club, to discuss the plans for the 8th satellite Center on Aging to be located in Hot Springs. Mr. Cella opened his remarks by saying that Hot Springs has one of the largest retirement communities and that they are very excited about having a Center on Aging for the residents of Hot Springs. The Center is to be fully funded by the Oaklawn Foundation in which a small portion of the proceeds from video gaming will be deposited. Two programs will be funded from this foundation – the Center on Aging and a program for scholarships for Hot Springs youth. Currently progress is on hold pending the outcome of several lawsuits regarding the video gaming.

Dr. Beverly gave an update at the quarterly DWRIOA Advisory committee meeting on March 16th. Several of the satellite Centers on Aging Medical Directors were present and were introduced to the committee. Dr. Beverly explained to the group AAI's future direction in continuing clinical and educational components, to integrate evidence based healthcare, and to continue affecting the legislation regarding healthcare at the state and federal levels. She also expressed her desire for each satellite center to have a local/regional advisory committee and announce that currently five of the seven sites have identified chairs. Dr. Beverly also informed the board the Jo Ellen Ford has agreed to re-activate the AAI sub-committee of the DWRIOA Advisory Committee and she thanked Jo Ellen for this commitment.

Leveraging Activity

- **COA-NE:**
Volunteers: \$1,556
- **SACOA:**
Volunteers: \$1,056
Grant from AA South West for caregiver workshops: \$7,000
Grant from Union county Community Foundation for healthy living programs: \$500
- **Delta Center on Aging**
Volunteers - \$1,296
- **Texarkana Regional Center on Aging (TRCOA)**
Volunteers - \$2,446
Aventis diabetic cooking sponsor - \$400
Pfizer – food and educator - \$1,369
Sepracor - grant for Symposium - \$1,500
- **Schmieding Center for Senior Health and Education**
Volunteers: \$382
Donation from Patient's family: \$1,000

Material for a community project: \$50

- **Schmieding Center – Mountain Home**
Volunteers - \$652
 - **Schmieding Center – Bella Vista**
Grant from Reliance healthcare Inc for Collage Therapy Program for Dementia Caregivers - \$1,000
Refreshments from local church for programs - \$60
Refreshments from AARP for program - \$75
Ads in Bella Vista Resource Directory - \$1,400
Volunteers - \$1,854
- Total amount in kind volunteers: \$9,242**
Total leveraged dollars for the quarter: \$14,354

Board Activity

The AAI leadership participates in bimonthly meeting with the UAMS Chancellor regarding activities and progress of UAMS Tobacco funded programs.

Continuous Quality Improvement Activities

Dr. Ty Borders is the PI and Dr. Robin McAtee the Co-PI on a proposal being sent to the Biosciences Research Institute for funding. The primary purpose of the proposed pilot study is to examine how interdisciplinary geriatric care is associated with the receipt of recommended medical care processes and health care outcomes among older person with diabetes. This is also a first attempt to include the Electronic Medical Record (EMR) into a study which is part of a demonstration project from CMS (Centers for Medicare and Medicaid) in which Arkansas is one of four states to be included.

Collaborative Efforts

- Medicare Part D education is still occurring in the Centers. – All of our sites are partnering with each other, their local AHECs, as well as local, state and national initiatives to educate older adults regarding Medicare Part D Coverage.
- All centers work very closely with agencies in their communities that work with older adults. Some examples this quarter include:
 - ◆ Family caregiver programs and Dementia related support groups with the AAA
 - ◆ For Harrison : North Arkansas College, North AR Regional Medical Center, First Federal Bank of Harrison, Mountaincrest Rehab and Blue Cross/Blue Shield Foundation
 - ◆ SACOA and SCCOA partner for the Foster Grandparent program
 - ◆ Many sites work with their local and state Health Departments for various educational initiatives

- ◆ Experience Works partners with Delta COA
- ◆ Partners with many community colleges and Universities for rotation for their students. Included this quarter are: Phillips County Community College, ASU (Nursing & PT), UAF, UAM, UAPB, North AR College, Mid South Community College, and others.
- ◆ PEPPi training with the Health Department

Major Challenges

- Sustainability of programs due to the instability of Tobacco Funding
- Continued concerns regarding the opportunities for expansion of programs since the AAI has maximized the funds available and is now having to cut back.
- Concerns about consumer expectations and budget cutbacks.

Minority Population Initiatives

In several of our sites, concerted efforts have been initiated to address the minority Communities. During the last quarter, 24% or over 2250 of the educational encounters were to African American older adults and 1% or over 100 to other minorities.

Goal 1: Interdisciplinary geriatric healthcare will positively impact health outcomes of older Arkansans.

Total Senior Health Clinic visits for December (2005), January & February (2006) did not see any major changes or fluctuations for this quarter and are as follows:

South Arkansas Center on Aging (SACOA) in El Dorado: 1498

Texarkana Regional Center on Aging (TRCOA): 920
Center on Aging Northeast (COA Northeast) in Jonesboro: 608

South Central Center on Aging (SCCOA) in Pine Bluff: 448

Fort Smith Area Center on Aging: 269

Schmieding Senior Health Clinic in Springdale: Springdale: 3,126 Bella Vista: 508

Delta Center on Aging: West Memphis: 67

Goal 2: Geriatric education will positively impact behaviors to improve health outcomes.

The Educational Component of the AAI targets four population groups for education. These include: health professionals, health professional students, paraprofessionals, older adults and the community at large. During this quarter the AAI educational component presented a total of 758 programs to 10,180

participants which resulted in 41,294 educational contact hours.

Participant demographics: 75% Caucasian, 24% African American, .003% Hispanic, .007% Other. Participants represented 75% of all counties in Arkansas.

Schmieding Center for Senior Health and Education

Health Professional: 8 programs for a total of 31 participants

Students: 236 hours of clinical rotations for 2 students

Paraprofessional: 13 programs for a total of 204 participants

Older Adult and Community: 19 programs for a total of 196 participants.

Harrison Outreach

Health Professional: 3 programs for a total of 124 participants

Paraprofessional: 1 program for a total of 15 participants

Older Adult and Community: 14 programs for a total of 159 participants.

Bella Vista Outreach

In-service: 2 programs for a total of 16 participants

Older Adult and Community: 15 programs for a total of 349 participants

Mountain Home Outreach

Health Professional: 1 program for a total of 8 participants

In-service: 1 program for a total of 14 participants

Paraprofessional: 1 program for a total of 12 students.

Older Adult and Community: 24 programs for a total of 305 participants.

South Arkansas Center on Aging (SACOA)

Health Professional: 7 programs for a total of 27 participants

Student: 15 programs for 49 participants resulting in 189 contact hours.

In-service: 6 programs for a total of 42 participants

Paraprofessional: 11 programs for a total of 47 participants

Older Adult and Community: 64 programs for a total of 2005 participants.

Texarkana Regional Center on Aging (TRCOA)

Health Professional: 2 programs for a total of 145 participants

Student: 9 programs for 120 participants resulting in 479 hours of training

Older Adult and Community: 128 programs for a total of 1243 participants.

Center on Aging-Northeast (COA-Northeast)

Health Professional: 4 programs for a total of 114 participants

Student: 8 programs for 14 participants resulting in 70 contact hours.

In-service: 4 program for a total of 74 participants

Older Adult and Community: 42 programs for a total of 971 participants.

South Central Center on Aging (SCCOA)

Health Professional: 4 programs for a total of 53 participants

Student: 6 clinical rotations for 6 students resulting in 45 hours of training.

In-service: 7 programs for a total of 214 participants

Older Adult and Community: 101 programs for a total of 895 participants.

Delta Center on Aging

Health Professional: 2 programs for a total of 12 participants

Paraprofessional: 6 programs for 82 participants resulting in 122 hours of training.

In-service: 2 programs for a total of 18 participants

Students: 5 programs for a total of 28 participants

Older Adult and Community: 70 programs for a total of 784 participants.

Helena Outreach

Health Professional: 3 programs for a total of 16 participants

Student: 1 program for 20 participants resulting in 20 contact hours.

Older Adult and Community: 92 programs for a total of 720 participants.

West Central Arkansas Center on Aging

Health Professional: 18 programs for a total of 157 participants

In-service: 1 program for 18 participants

Older Adult and Community: 33 programs for a total of 829 participants.

Arkansas Biosciences Institute (ABI)

Arkansas Biosciences Institute, the agricultural and biomedical research program of the Tobacco Settlement Proceeds Act, is a partnership of scientists from Arkansas Children's Hospital Research Institute, Arkansas State University, the University of Arkansas-Division of Agriculture, the University of Arkansas,

Fayetteville, and the University of Arkansas for Medical Sciences.

In accordance with the Tobacco Settlement Proceeds Act, the purpose of the Arkansas Biosciences Institute is to conduct:

- **Agricultural research** with medical implications;
- **Bioengineering research** that expands genetic knowledge and creates new potential applications in the agricultural-medical fields;
- **Tobacco-related research** that identifies and applies behavioral, diagnostic, and therapeutic knowledge to address the high level of tobacco-related illnesses in Arkansas;
- **Nutritional and other research** that is aimed at preventing and treating cancer, congenital and hereditary conditions, or other related conditions; and
- **Other areas of developing research** that are related or complementary to primary ABI-supported programs.



Program Progress

Leveraged Funding for Agricultural and Biomedical Research ABI-supported researchers continue to use funding from ABI to help attract funding from other sources. For the **January through March quarter, ABI member institutions reported receiving approximately \$9.9 million in extramural funding.** Most of the awards were made by the National Science Foundation and the National Institutes of Health. New extramural grants received during the 1st quarter include:

- \$300,000 from the Robert Wood Johnson Foundation to Arkansas Children's Hospital Research Institute: Asthma in the Delta Region of Arkansas;
- \$204,000 from NIH to the University of Arkansas, Fayetteville: Diaphragm Fatigue Prevention in Emphysema;
- \$90,800 from NIH to Arkansas State University: Nicotine and Development of Autonomic Neurons.

ABI-supported researchers also submitted 15 proposals during the quarter, totaling more than \$4.6 million in proposed funding.

The FY06 six-month report of ABI research, including extramural funding, was completed in January. ABI member institutions reported allocating \$5.1 million for ABI research projects and receiving more than \$14.4 million in extramural funding for July – December, 2005. Final extramural funding totals for FY06 will be available in August.

ABI-related Workshops

Arkansas State University, with support from ABI, developed and hosted “Growing a Technology Business,” a one-day workshop for business and venture capital leaders, faculty, and students. The workshop, held on January 25 with approximately 40 participants, focused on how to develop and fund knowledge-based and technology-based businesses in Arkansas.

The University of Arkansas, Fayetteville, hosted the Undergraduate Biomedical Science Research Conference February 24-25. Attendees included approximately 350 undergraduate students and faculty from Arkansas colleges and universities.

The University of Arkansas for Medical Sciences hosted a mini-symposium for ABI-supported researchers from UAMS and ASU on March 22-23. Dr. Ashley Bush, from the University of Melbourne and Harvard Medical School, served as keynote speaker for the event. The researchers will develop two joint funding proposals to submit for extramural funding.

ABI Industry Advisory Committee

In order to fill a vacancy on the ABI Industry Advisory Committee, the ABI Board voted in January to invite Mr. Leo Gingras, Vice President for Research and Development at Riceland Foods, to serve on the committee. The ABI Science and Industry Advisory Committees are composed of knowledgeable persons in the fields of science and industry and serve as a resource for the ABI Board. The committees meet annually, usually in conjunction with the ABI Fall Research Symposium.

ABI Board

In February, Governor Mike Huckabee appointed Mr. Kurt Knickrehm to serve on the ABI Board, replacing Mr. John Freeman, President of Liberty Bank in Jonesboro. As a past member of the Arkansas Tobacco Settlement Commission, Mr. Knickrehm has extensive knowledge of the Arkansas Tobacco Settlement Act and

the Arkansas Biosciences Institute. Mr. Knickrehm currently serves as Vice President for Rebsamen Insurance in Little Rock.

New Scientists Recruited to Arkansas

Tobacco funds are used by member institutions to recruit research scientists to Arkansas. By recruiting experienced scientists with highly specialized skills, Arkansas continues to grow its research infrastructure. Since its beginning in FY2002, ABI funding has been used to help recruit more than 30 experienced researchers to Arkansas. The recruitment of six new researchers was recently announced by UAMS and ASU:

Dr. Alan Tackett – Rockefeller Institute, NY to UAMS
Dr. Kelly Redecker – Queen’s University in Belfast to ASU
Dr. Larry Johnson – University of North Carolina to UAMS
Dr. Nalini Bora – University of Louisville to UAMS
Dr. Puran Bora – University of Louisville to UAMS
Dr. Abdalla Hayar – University of Tennessee to UAMS

Research Highlights

Arkansas State University and the Universidad Nacional Agraria La Molina in Lima, Peru, developed a collaborative research agreement, signed on March 7. The research will combine biotechnological tools and genetic resources of Peruvian plants for the discovery of medicinal phytochemicals. The project is being led by Dr. Fabricio Medina-Bolivar at ASU.

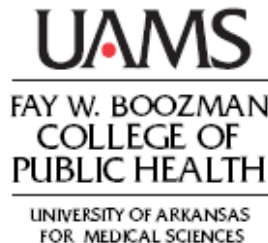
Fay W. Boozman College of Public Health (COPH) (University of Arkansas for Medical Sciences)

The mission of the Fay W. Boozman College of Public Health (COPH) at UAMS is to improve health and promote well-being of individuals, families, and communities in Arkansas through **education, research, and service**.

The COPH has elected to address this mandate through a community-based health education model. The COPH will improve health and well-being of Arkansans by:

- Training and re-training a professional public health workforce capable of further disseminating effective community programs.
- Training healthcare and public health practitioners in prevention methods through offering continuing education programs and through partnerships in the delivery of model programs;

- Contributing to the development of linkages among graduating students, state agencies, local organizations, healthcare practitioners, and communities to help align, coordinate, and implement effective prevention programs; and
- Conducting community-based research that is Arkansas focused and based on Arkansas needs.



Program Progress

Education Goal: Increase the number of communities in which citizens receive public health training

Student Expansion: 211 students registered for the spring 2005 – 2006 semester; 11 of these students are enrolled in the newly established DrPH program. Student demographics follow: 165 (78%) of the students are female; 104 (49%) of the students are part-time; 55 (26%) are African-American; 11 (5%) Asian; 140 (67%) Caucasian; 3 (1%) Hispanic; and 2 (1%) Native American. Student age range is wide: 35% are 20 – 29 years old; 30% are 30 – 39 years old; 20% are 40 – 49 years old; 13% are 50 – 59 years old and 2% are 60 and above. A total of 30% of the students are from the Central AHEC region; 5% are from the Northwest; 4% are from the Northeast; 2% are from the Southwest; 4% are from the South; 4% are from the Delta; 13% are from South Central (Pine Bluff); 11% are from North Central (Fort Smith); 21% are from out of state; and 6% are from foreign countries. Although some students are from out of state and foreign countries, they were all residents of Arkansas at the time of their admission. A total of 33 (17%) of the students are DHHS Division of Health employees.

Faculty Development: As of March 31, 2005, COPH has 51 full-time or FTE supported faculty; 38 of which are 100% supported in the College. Although several candidates have been interviewed, a national search is still ongoing for the Chair of the Department of Epidemiology. Two faculty members were recently appointed in the Department of Biostatistics and will begin their appointment in July 2006.

Program Development: The COPH offered 33 courses this fall; (including preceptorships, integration projects and directed studies), all on the UAMS campus. Two of these courses were offered as “week-end” courses and are considered a part of the College’s distance accessible curriculum.

Degree Programs now include:

- Post-Baccalaureate Certificate
- MPH (generalist and specialist)
- MD/MPH; JD/MPH; PharmD/MPH
- Doctor of Public Health in Public Health Leadership (DrPH)

COPH Partners with UALR Business Forum: On March, 7, 2006, the College partnered with UALR to sponsor the UALR Business Forum on the UAMS campus. Dr. William Kassler, Senior Advisor, Coordinating Center for Health and Information Services at CDC, spoke to business leaders, healthcare professionals and the general public on “Pandemic Influenza: How Sick Might Business Be?” Well over 300 people were in attendance. The presentation centered on the possibilities/probabilities of the pandemic flu reaching the United States and the plans being made to protect the public when that happens.

Monthly magazine column: Two columns were provided by COPH faculty to the Arkansas Municipal League magazine “City and Town” this quarter. The monthly columns offer useful advice on how municipal officials and administrators can promote better health. The column authors and titles are as follows: “**It’s not industry, but city work still poses injury risks**” by Thomas W. Rimmer, ScD., Assistant Professor and Vice Chairman, Department of Environmental and Occupational Health; and “**Unhealthy Arkansas has Options**” by James M. Raczynski, PhD, Professor & Dean.

The Health Policy/Prevention Conference is held each Tuesday from 4 pm – 5 pm (except during the months of July and August and when other activities conflict). The DHHS Division of Health (DOH) is a conference co-sponsor. COPH faculty/guests provide relevant information related to public health policy and prevention. Conferences on the first Tuesday of each month focus on Obesity issues. One-hour Continuing Education Units (CEUs) are available to Physicians, Nurses, Pharmacists, Nutritionist/Dieticians, Health Educators, CHES/CPHE, EMT’s, Sanitarian and Social Workers who attend.

Public Health Grand Rounds are also held each Thursday from 8 am – 9 am in the Division of Health Auditorium. The College participates as a co-sponsor of these grand rounds. One-hour CEUs (same as listed above) are available to those who attend.

A Joint Oversight Committee (JOC) has been formed between DOH and UAMS for the purpose of tracking ongoing activities between the agencies, identifying new areas for collaboration, and encouraging sharing and leveraging of resources to maximize the efficiency with which programs and projects are developed. The Committee normally meets monthly, and is currently discussing ways the institutions might better collaborate.

Accreditation: The College of Public Health was accredited by the Council on Education for Public Health (CEPH) effective May 13, 2004. The COPH is working towards re-accreditation (site visit to occur in November, 2006). Although this site visit will not require the college to meet recently revised accreditation criteria, the college will be required to meet these new criteria by December 2007. The most significant changes will require the COPH to offer three doctoral programs (past requirement was one) with a minimum faculty requirement of five (5) full-time FTEs for each program. Two new doctoral programs were developed in August 2005; one in Health Systems Research (HSR), and the other in Health Promotion and Prevention Research (HPPR). The Board of Trustees approved these courses in January 2006. The Arkansas Department of Higher Education (ADHE) will meet in April and is expected to give final approval to the HSR application. The ADHE will consider the HPPR application at its August 2006 meeting. Once programs are approved by the ADHE, the COPH will be able to advertise the programs and recruit students. Students are expected to enroll in these programs in January or August of 2007.

Research Goal 1: *Obtain federal and philanthropic funding*

COPH faculty obtained over \$700,000 in funding for research grants/contracts this quarter.

Research Goal 2: *A significant portion of research conducted shall be relevant to the health issues within Arkansas and/or community-based in nature*

With coronary heart disease (CHD), cancer, and stroke being the three leading sources of mortality and morbidity among all gender and race groups nationally and in Arkansas, the COPH has focused on research relevant to smoking and obesity prevention and control, the two leading preventable causes of all three of these diseases. Additionally, because many ethnic and racial minority groups, including our state's African-American

and rapidly growing Latino populations, experience a disproportionate disease burden, the COPH has also identified eliminating these disproportionate disease burdens as an additional research focus relevant to the health issues within Arkansas.

COPH contracted programs addressing tobacco cessation Christine Sheffer, PhD, Assistant Professor, Department of Health Behavior and Health Education, has received funding for three tobacco cessation contracts – each using community-based public health approaches. They are the “Arkansas Tobacco Cessation Network (ATCN)”, “SOSWorks”, and the “Arkansas SOSQuitline”. The ATCN provides intensive evidence-based treatment by 10 interventionists at multiple sites (AHECs, AHEC hospital affiliates and a few other selected locations across the state). In addition, cessation services are integrated with health care communities through SOSWorks, a fax-back referral service for health care providers, organizations and/or individuals. Telephone calls are then made to referred individuals in order to link them with appropriate cessation treatment services. Dr. Sheffer also operates a statewide Quitline which provides evidence-based treatment by specially trained interventionists to participants over the phone. The first incoming call is a 20-30 minute in-depth interview, followed by at least six 30-60 minute telephone counseling sessions. Every caller's first treatment session is scheduled within seven days of initial contact. Medication assistance is provided as well as self-help motivational materials. A Spanish-speaking counselor is available, and translation services are available for virtually every other language. In addition, this comprehensive tobacco cessation initiative includes: 1) training for health care providers in brief smoking cessation methods; 2) assistance for employers who wish to implement smoke-free policies; and 3) the development of a Web-based version of the cessation program, offering Arkansans a third alternative for cessation assistance in addition to the ACTN, face-to-face treatment program and Quitline telephone-based counseling program.

COPH funded programs addressing ethnic minority health disparities Improving racial and ethnic minority health disparities in Arkansas is being addressed by several funded and pending research projects. For example, continuation funding of a contract with the Minority Health Commission continues to support COPH faculty Dr. Creshelle Nash and Dr. Eddie Ochoa to extend their work on the “Arkansas Racial and Health Disparities Research Study.” Recommendations for both short-and long-term interventions to reduce and even eliminate racial and ethnic health disparities in Arkansas have been developed from focus groups and

secondary data analysis. Under the leadership of M. Kate Stewart, M.D., MPH, the Copenhaguen responded to a Kellogg solicitation to accredited schools and programs of public health to complete an assessment of their school and program activities to eliminate racial and ethnic health disparities and the College was one of the twelve selected schools and programs to participate in this planning effort to reduce/eliminate health disparities. *No funding is to be directly available;* however, Kellogg will provide expert technical assistance and consultation to the Copenhaguen. Several Copenhaguen faculty members are working with the Minority Health Commissions' Hypertension Program through Technical Service Agreements, and Copenhaguen faculty member Dr. Debbie Erwin is the Principal Investigator for several cancer prevention research projects which focus on the Latino and African-American communities. Finally, Dr. LeaVonne Pulley continues to be funded as a subcontractor on an NIH grant to study the etiology of geographic and racial differences in stroke.

Copenhaguen funded programs addressing obesity

Obesity is a major targeted area for on-going and planned research projects. Two substantial grants have been awarded to faculty addressing obesity: the Web-based Weight Loss Grant for which Dr. Delia Smith West serves as principal investigator, and the Implementation of Act 1220 for which Dean Raczynski serves as principal investigator. The former grant is designed to determine the benefit of a web-based counseling approach to weight loss versus delivery through group, in-person methods. If web-based approaches are found to be effective for helping people lose weight and maintain losses, then a highly cost-effective approach to weight loss and maintenance will be added to what can be done in Arkansas to counteract the obesity epidemic. The first wave of recruitment for this project has been completed recently and 51 participants are now enrolled and randomized (out of a goal of 233 to be accrued over a 24 month period). Behavioral weight control intervention using the different delivery channels has begun and will follow these individuals for 18 months to determine the best ways to produce sustainable lifestyle changes. The latter project, evaluating Act 1220 of 2003, will provide information for legislators, those involved in implementing the Act and those in other states who are trying to combat childhood obesity, about how the components of the Act have been implemented and how they are working. Baseline and second-year data have already been collected; the baseline data was presented to the House and Senate Public Health Committee in January 2005, and the second-year data was presented in January 2006.

Service Goal 1: Copenhaguen shall act as a resource to the General Assembly, the Governor, state agencies, and communities

- Copenhaguen faculty members are designated to serve on committees established by the Arkansas General Assembly in 2003 and 2005: In 2003 –Copenhaguen faculty was appointed to the Act 1220 and Act 1816 Advisory committee's. These committees are examining school health care and nutrition and physical activity issues. In 2005 – Copenhaguen faculty was appointed to the Act 1757-Youth Suicide Prevention Taskforce; Act 1818-Child Death Review Panel; and the Act 663-Acute Stroke Care Task Force that focuses on stroke prevention, awareness, and recovery services.
- On January 19, 2006, Dean Raczynski and Dr. Martha Phillips updated the Senate and House Interim Committee's on Public Health, Welfare & Labor on the progress of the evaluation being conducted on the implementation of Act 1220 of 2003. The baseline data collected and analyzed was presented to the committee in January 2005.
- On January 23, 2006, Ty Borders, PhD, Associate Professor, Department of Health Policy and Management and Senator Shane Broadway facilitated a briefing at the state capitol on the Arkansas 2020 project with public university professors from UALR (Dr. Gregory Russell, Dr. David Montague, and Dr. Ashvin Vibhakar), AR Tech (Dr. David Underwood), ASU (Dr. Gregory Russell), UAF (Dr. Joe Schriver), and, SAU (Dr. Tommy Milford). Each professor has agreed to act as a coordinator/co-coordinator of one of the 5 state agency subcommittee's formed to examine the state's changing population characteristics over the next 15 years and how various state agencies are planning to respond to those changes. Dr. Borders has agreed to act as coordinator of the overall Arkansas 2020 project as well as the coordinator of the Health and Human Services Subcommittee.
- Dean Raczynski and Dr. Christine Sheffer briefed the Senate and House Public Health committees on the Copenhaguen's cessation grants in March 2006.

Service Goal 2: Copenhaguen shall collaborate and partner with other agencies, organizations, etc. on health-related issues when feasible. (Consultation and Analysis/Collaboration and leveraging)

- Copenhaguen faculty and staff serve in a leadership capacity and are visible partners with the AR Cancer Coalition, AR Oral Health Coalition, AR Minority Health Commission, DHHS Division of Health, and the American Cancer Society.

- Copenhague students have over 35 agency/organization choices for their integration projects preceptorships.
- Three Copenhague faculty/staff serve on an Advisory Committee of the Philander Smith College – Kendall Health Science Institute. Collaboration, research, and addressing the public health needs of the students of Philander Smith College are the primary focus of the Advisory Committee.
- Copenhague faculty/staff are ongoing participants in the Clinton School of Public Service educational activities.

Focus Areas Based on December 2004 RAND Biennial Report:

RAND Recommendation 1: *The Copenhague should maintain the discount for ADH employees*

It was agreed that the Copenhague had no direct control over this recommendation. This decision must be agreed to by the UA Board of Trustees, the President of the UA System, and the Chancellor of UAMS. The 70% discount was discontinued in 2005; however, over 10% of the Copenhague student body continues to come from the DHHS Division of Health employees.

RAND Recommendation 2: *The Copenhague should provide scholarships and discounts for distance learning students; and;*

RAND Recommendation 3: *The Copenhague should provide scholarships to students to help support the cost of obtaining a degree;*

Even though the Copenhague has no direct control over appropriations and cannot guarantee allocation of additional funds to the Copenhague for scholarships and assistantships, it should be noted that over 90% of the Copenhague students are part-time, non-traditional students who are working at a full-time job as they pursue their degrees. Nonetheless, a number of students are being supported as research assistants with extramural funding, and the Copenhague is seeking federal funding that we are now eligible to pursue since being accredited. A system has also been established in the Office of Student Services to compile student funding opportunities from outside the College and distribute this information to students. In addition, the Department of Environmental and Occupational Health has been able to secure contributions to establish tuition scholarships for students pursuing specialized MPH degrees in the department.

In consultation with the family of the late Dr. Fay Boozman, the College of Public Health has also established the Fay W. Boozman Public Health and Community Service Scholarship fund to help support a deserving MPH student(s) each year. Donations may be

sent to the UAMS Foundation, Fay W. Boozman Public Health and Community Service Scholarship, 4301 W. Markham, Slot 716, Little Rock, AR 72205

RAND Recommendation 4: *Continue to hire more faculty; particularly diverse faculty*

The Copenhague remains committed to maintaining a diverse faculty. To date, 18% of the Copenhague full-time or FTE-supported Copenhague faculty members are from under-represented racial or ethnic minority groups.

RAND Recommendation 5: *Provide evaluation expertise to the Copenhague community partners to assess the impact of the work they are doing in the community*

The Copenhague's Office of Community-based Public Health (OCBPH) is involved in many different activities which address this need. The OCBPH has four formally recognized community partners: (1) Boys, Girls, Adults Community Development Center in Marvell, (2) Walnut Street Works in Helena/West Helena, (3) We Care in Pulaski County, and (4) LA CASA in Pulaski County. Dr. Kate Stewart, Director of the OCBPH is working with other staff and faculty to assist the Tri-County Rural Health Network, which includes Walnut Street Works, evaluating their Community Connector Program. Dr. Martha Phillips is overseeing the analysis of data from a community tobacco usage survey conducted by We Care as part of their tobacco prevention grant program. The OCBPH has also been asked to assist the USDA Delta Nutrition Intervention Research Initiative (NIRI) in providing training to their Arkansas community partners in community-based participatory research. This project will directly benefit the Boys, Girls, Adults Community Development Center (BGACDC) in Marvell, and lessons learned will also subsequently be shared with the other three formally recognized Copenhague community partners.

Focus Areas Based on 2005 RAND Interim Report:

Recommendation 1: *Increase grant funding and leveraging activities from other sources*

As of March 2006, the Copenhague has over 50 active grants/contracts totaling over \$14 million. The Copenhague has significantly increased grant funding in a very short time frame.

Recommendation 2: *Develop Curricula for the new doctoral programs; and*

Recommendation 3: *Develop two new doctoral programs that are required to maintain accreditation: recruit new students for them*

Two new doctoral programs were developed in August 2005; one in Health Systems Research (HSR) and the other in Health Promotion and Prevention Research (HPPR). The Board of Trustees approved these courses

in January 2006. The Arkansas Department of Higher Education will meet in April to consider the HSR application. The next board meeting will consider the HPPR application. Once programs are approved by the department, the CPH will be able to advertise the programs and recruit students. Students are expected to enroll in these programs in January or August of 2007.

Major Challenges this quarter/Assistance needed by RAND:

The College's major challenge at this point is the significant decrease in tobacco settlement funding.

Delta Area Health Education Center (AHEC)

Program Overview

The Delta Area Health Education Center (Delta AHEC) was established by the Tobacco Settlement Proceeds Act. The intent of the Act that the University of Arkansas for Medical Sciences (UAMS) establish a new Delta Area Health Education Center to serve the following counties: Chicot, Crittenden, Desha, Lee, Monroe, Phillips, and St. Francis. The new Delta AHEC shall be operated in the same fashion as other facilities in the UAMS-AHEC program to include training students in the fields of medicine, nursing, pharmacy, and various allied health professions, offer medical residency for physicians specializing in family practice. The training shall emphasize primary care, covering general health education and basic medical care for the whole family. The program shall be headquartered in Helena with offices in Lake Village and West Memphis.

Primary Goals

(1) To serve Chicot, Crittenden, Desha, Lee, Monroe, Phillips, and St. Francis counties by increasing access to quality healthcare through the composition, distribution, and appropriate preparation of a culturally competent health professional workforce; and, (2) to further serve the citizens by increasing the capacity of participation in culturally sensitive health promotion and health education programs.

Program Progress

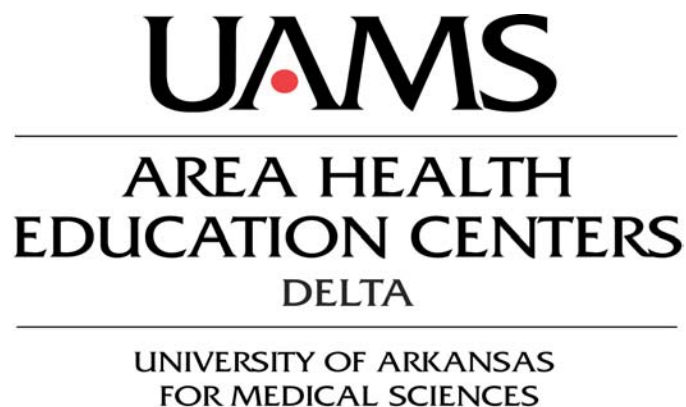
Indicator 1 targets increases in the number of communities and clients served During the quarter, a comprehensive health and fitness profile measure was selected and purchased for the Wellness Center. This commercial computer-based tool will provide individual pre and post-assessments. Once implemented, the staff's

ability to measure quality and impact of program services will be enhanced.

"I have lost 15 pounds. I am so thankful that this exercise class is offered in Marianna. Without this class, I would have never lost weight. I feel so much better, and I am so much happier. I hope to lose 15 more pounds."

Nichole Russell,

Client who started aerobics in February



Training session encounters provided during the quarter were as follows:

To increase the capacity of participation in culturally sensitive health promotion and health education programs:

- 4,587 "Kids for Health" and other health promotion activities for children
- 1,861 Health fairs/screenings
- 1,385 Health promotion programs
- 1,086 "Y.E.S." and other health promotion activities for teens
- 791 Smoking prevention/cessation
- 155 CLASSICS for seniors
- 148 Oral health
- 2 Prescription assistance

To improve health behaviors related to chronic health problems:

- 115 Diabetes
- 105 Breast cancer
- 47 Sickle cell
- 39 Asthma
- 36 Alzheimer's disease

To improve health behaviors in regards to physical activity and nutrition:

- 559 Nutrition
- 472 Aerobics
- 368 Tai Chi
- 62 "Eating & Moving for Life"

To improve health behaviors related to teen pregnancy prevention and parenting skills:

- 481 Parenting classes
- 3 Breast-feeding counseling

Indicator 2 targets increases in the number of training sessions for health professionals The number of training session encounters that occurred for health care students and professionals in their facilities in order to assess their compliance with the Act's intent regarding health care training were as follows:

To provide support services and continuing education for area health professionals and health professions students:

- 127 CPR/First Aid training
- 25 APA Research Workshop

To increase the number of health professionals practicing in underserved areas in the Delta:

- 1 Medical student recruited for the Community Match
- 1 Pharmacy student recruited

To acquaint minority and/or disadvantaged youth with health careers:

- 20 Health Careers
- 20 Junior Leadership

Indicator 3 targets increases in access to primary care providers in underserved communities Crittenden Memorial Hospital and the City of Marion are cooperating to enter a Community Match agreement with Aaron Mitchell. Aaron worked at the hospital last year and spent his free time shadowing physicians and assisting the Delta AHEC with programming. Aaron's wife is a native of Marion who is currently enrolled in the UAMS College of Pharmacy. We are excited that these two health professionals plan to return to the area.

Important Events

On March 28th, the Adolescent Health Promotion Coalition hosted a SAMHSA-sponsored Town Hall Meeting to Prevent Underage Drinking. There were 40 people in attendance.

From March 17th through 20th, 35 youth and 6 adult chaperones attended a Leadership Skills-building Retreat on Petit Jean Mountain State Park. Life-skills enhancement and team building activities were the main focus.

The Deep Delta Health Fair was held March 11th in Lake Village for more than 200 residents. The event provided 20 booths, health screenings, and farm safety activities for adults and children.

Advisory Board Activities

The Delta AHEC Advisory Board and the Helena Health Foundation Board were very active in helping Delta AHEC staff during final construction of the new building, as well as planning for the move and Grand Opening activities. The Advisory Board reviewed policies and procedures for the new Wellness Center and made many positive suggestions.

Program Improvement

Delta AHEC Educational Database: To standardize and automate data collection, all personnel were trained to enter their Public Education program data online and to use a new scannable form for program evaluation. Each staff member received a unique login and password for the web based data entry. Summary reports were generated at the end of the quarter. The new database is maintained at AHEC Central by Vicky Montague, Database Manager, who has been responsible for developing, refining, and maintaining the AHEC database since 1998. Working closely with the AHEC Associate Director, the Delta AHEC Director, and the program evaluators, she is responsible for all aspects of data collection and management related to assessment of statewide program outcomes, ensuring data quality and effective reporting. The database is comprised of the following:

Public Education: a set of support tables, an on-line web interface, and a scannable program evaluation; Delta AHEC personnel responsible for data collection and on-line data entry.

Continuing Education: attendee demographic information is added to the student master table. Each course is added, then attendees selected for that course.

Clinical Rotations: student demographic information is entered in the student master table, Preceptor/Faculty information is entered in the student master table, clinical rotations are added for each student as they complete the rotation

Didactic Course Work: college level course information is captured for each course provided either live or by Interactive video. Student demographics and preceptor/faculty information is entered.

Rural Hospital Program: database tracks educational programs delivered to RHP affiliates, including sites, format (live, interactive video), date, presenter, and title. Through the evaluation instrument we can track, by discipline (physician, nurse, pharmacist, social worker, etc.) the number of persons who have attended classes by hospital, by date range, and by class.

Collaboration/Coordination on Programs

"Body Walk," a comprehensive health education program, was held in Lake Village in cooperation with

the Cooperative Extension service and 91 students participated in the program.

The Delta AHEC partnered with the Minority Health Commission to continue their successful “Eating and Moving for Life” in Phillips County churches by assuming the salary and expenses for this three-month program. The Delta AHEC has contracted with the local office of the Arkansas Cooperative Extension Service for program implementation. During the first full quarter of this partnership, 62 encounters with African Americans participants were recorded.

Major Challenges

In preparation to move into the new facility, regular flow of service delivery in some instances was temporarily interrupted. Concurrently, Delta AHEC staff underwent training and implemented a new online data collection system to collect public education program data. Issues with the new database that need improvement are being identified and will be addressed in the coming quarter. Phase II involves building a clinical database to facilitate the collection of outcome data.

The Nurse Practitioner in the Marvell clinic has resigned. This, unfortunately, has limited the clinic’s ability to provide consultations via telemedicine until a replacement is secured.

Decreases in tobacco settlement funding continue to be a concern for the Delta AHEC program.

Minority Participation

The Delta AHEC continues its tradition of service to a diverse population. Attendance at educational activities during the quarter was as follows:

Race	Delta AHEC Participants
White	37%
Black	59%
Indian	1%
Hispanic	3%

Arkansas Division of Health Tobacco Prevention and Education Programs (TPEP)

The Tobacco Prevention and Education Program (TPEP) introduced the Stamp Out Smoking (SOS) campaign to educate Arkansans about the dangers of tobacco use. Using the Center for Disease Control’s (CDC) Best Practice Guidelines, a plan was developed to reduce

disease, disability and death related to tobacco by preventing the initiation of tobacco use among young people; promote quitting among young people and adults; eliminating exposure to second-hand smoke and identifying and eliminating the disparities related to tobacco use and its effects on population groups.



STAMP OUT SMOKING

Arkansas Department of Health
stampoutsmoking.com

Call it quits
1-866-NOW-QUIT

Program Progress

Advisory Committee

According to law, the tobacco prevention and cessation advisory committee is made up of eighteen members: one member appointed by the President Pro Tempore of the Senate and one member appointed by the Speaker of the House of Representatives and sixteen by the Governor. The organizations represented on the committee include the Arkansas Medical Society, Arkansas Hospital Association, American Cancer Society, American Heart Association, American Lung Association, Coalition for a Tobacco-Free Arkansas, Arkansans for Drug Free Youth, Arkansas Department of Education, Arkansas Minority Health Commission, Arkansas Center for Health Improvement, Arkansas Association of Area Agencies on Aging, Arkansas Nurses Association, Arkansas Cooperative Extension Service, University of Pine Bluff, League of United Latin American Citizens and Arkansas Medical, Dental and Pharmaceutical Association. The Advisory Committee meets on a quarterly basis. During the first several meetings, the committee reviewed and approved the program’s strategic plan. During subsequent meetings, the committee has reviewed program activities, progress toward program goals and has given advice on program improvement.

Community Programs

For FY 06, 32 community coalitions received funding for tobacco prevention and education. Each community coalition sub-grant recipient is monitored on the

progress of their programmatic activities and use of funding on a quarterly basis.

During this quarter, coalitions have organized workshops on Arkansas' sales to minor's law for tobacco retail clerks and managers. They have also continued to educate their communities on the importance of clean indoor air resulting in more businesses and restaurants voluntarily becoming smoke free.

Listed are a few activities and accomplishments that occurred during the third quarter:

- Yellville's mayor worked with the Arkansas Municipal League to add cessation benefits to the insurance coverage they provide to city and county employees.
- Village Wheel Restaurant and Hoppers Dinner Club in Bull Shoals went smoke-free.
- Northwest Arkansas Tobacco Free Coalition's (NWATFC) executive director, Cambre Horne-Brooks, NWATFC member, Sandy Prince and Mississippi County Tobacco Free Coalition (MCCTFA) director, Elroy Brown were chosen to be American Cancer Society's "Celebration Ambassadors." A Celebration Ambassador is a volunteer who partners with American Cancer Society advocacy staff to implement and/or manage local, state or federal advocacy activity. They all will attend the Celebration on the Hill 2006 event in Washington, D.C.
- UNA CELEBRACION DE AIRE PURO ... A BREATH OF FRESH AIR CELEBRATION took place in northwest Arkansas to promote the Smoke-Free Home Pledge "Take It Outside" program in the Hispanic community and raise awareness of the harmful effects of second-hand smoke. Approximately 200 people participated.
- The Project Coordinator of the Madison County Health Coalition contacted, educated and encouraged the Meadowview Health and Rehabilitation Center to become smoke-free. On March 1, 2006 the business established smoke-free policies and became a smoke-free business. The Coordinator offered enforcement trainings to the administrator of the business upon request.
- Boston Mountain Rural Health Center became a smoke free campus in February. This will affect all clinics in Marshall, Clinton, Fairfield, Deer, and Huntsville.
- Mississippi County Tobacco Free Coalition assisted the Pizza Hut in Blytheville and Osceola to go smoke-free.
- ADFY-SHARE Foundation reported that Minute Man Restaurant in El Dorado has adopted a smoke free

policy making a total of fourteen restaurants in Union County that have gone smoke free since July, 2005. Also, the SHARE Foundation adopted a strong smoke-free policy prohibiting smoking within 50 feet of entrances and implemented the policy in all SHARE Foundation agency facilities as of January 1, 2006. El Dorado City Council had the first reading of the "Smoke free and Healthy Air Ordinance" on February 9, 2006 and on March 9, 2006 the El Dorado City Council passed the "Smoke free and Health Air Act of 2006" to make most workplaces smoke free.

School & Youth Programs

Nineteen consortiums of school districts and/or schools were funded for FY 06 (July 1, 2005 to June 30, 2006) to provide and/or strengthen tobacco prevention in school communities. The grantees are required to implement approved, research based tobacco prevention curricula K-12, with special emphasis at grades 5-9 and have comprehensive tobacco free school policy in the schools they serve.

Some of the grantees are piloting the Discovery Health Connection (digital version of *Get Real About Tobacco*) curriculum. TPEP is assisting the grantees in identifying strategies to assist educators in maximizing the benefits of this new curriculum. Also, TPEP is partnering with the Department of Education to help integrate the research-based curriculum with their academic requirements.

Other grantee activities include providing teen tobacco control summits and training sessions on tobacco control advocacy. The summits and training sessions include guest speakers, workshops and activism activities.

TPEP continues to monitor district tobacco policy and enforcement issues through on-site visits, workshop evaluations and school personnel recommendations.

Arkansas for Drug Free Youth (ADFY) has developed a Youth Leadership Initiative Program. The goal of the program is to reduce tobacco consumption amongst Arkansas youth. The Tobacco Control Youth Board (TCYB) participation has approximately 55 members. They have helped recruit more than 450 Youth Extinguishing Smoking (YES) Team members throughout the state. Examples of ADFY YES team events:

International Day of Action-Smokefree Movies Team YES *Speaks* wanted to change how young people see tobacco in movies. They presented at the Mid-South Black Expo on the influence of tobacco-related movie images have on youth smoking. Their call to action was

for movie producers to prohibit tobacco brands and brand imagery in all movies.

Project 710 ADFY's YES team displayed 710 pairs of shoes, representing the amount of Arkansas adults, children and babies who die each year from exposure to secondhand smoke or pregnancy smoking. The shoes were displayed on the steps of Arkansas' State Capital building during the special session. It received media coverage from the television's local stations and the local newspaper.

Statewide Programs

The Coalition for a Tobacco Free Arkansas (CTFA) continues to provide training and technical support to local tobacco free coalitions across the state and disseminate information to tobacco prevention and control advocates. Listed are some of the CTFA activities for the past quarter:

- Wrote and disseminated a press release statewide discussing the dangers of secondhand smoke and the need for smoke-free workplaces.
- Expanded clean indoor air educational efforts in communities across the state which assisted El Dorado towards the passage of a smoke free ordinance.
- Sponsored UAMS-Senior MATCH DAY and provided a keynote speaker who spoke on the dangers of second-hand smoke and the need for smoke-free work places. The event was covered by several media outlets.

Enforcement

Arkansas Tobacco Control Board (ATCB) enforces state laws prohibiting the sale of tobacco products to minors. Twelve training sessions were held and 381 clerks were trained during the reporting period of January through March 2006. Compliance checks of 1,373 yielded 72 violations for a violation rate of 5.24%.

Cessation

The Arkansas Tobacco Cessation Network (ATCN) contract with the University of Arkansas—Medical Sciences, College of Public Health began July 1, 2005. The ATCN has sixteen treatment sites across the state. The ATCN had 648 clients attend treatment from July 2005 – March 2006 of which 179 were treated in the third quarter. Of those patients eligible for 3-month follow-up, 59% were reached of which 35% were still abstinent from tobacco.

The SOS Quitline served 3,567 unique callers from July 2005 to March 31, 2006, of which 1,935 were during the

third quarter. Seventy-three percent of the callers were seeking treatment and 27% of the callers were seeking information only. Of those patients that entered treatment and were eligible for 3-month follow-up, 61% were contacted of which 25% were abstinent from tobacco 3-months after treatment.

The SOSWorks, the fax referral system, has received 1940 referrals from July 2005 – March 2006 of which 1,223 were received in the third quarter. Approximately, 64% of these patients were successfully referred to treatment at the Arkansas SOSQuitline and/or the Arkansas Tobacco Cessation Network. Also, the Smoke-Free Workplace Assistance Program has assisted ten companies and 25 worksites to date, which employ a total 4,050 employees, in going smoke-free.

Media & Public Relations

CJRW, TPEP media contractor, began running the new television, radio and print campaign in February for the general market, African American and Hispanic audiences. Calls to the Quitline have increased from 381 in January to 866 in March. This is due in large part to the specific Quitline call to action in all of the creative.

English and Spanish SOS brochures focused on cessation, spit tobacco and secondhand smoke have been developed. Also, CJRW is currently in the final stages of the SOS Web site re-design. In addition to a new look, the site will feature many exciting elements to effectively reach youth and adult audiences. The site is scheduled to launch in the spring.

TPEP has continued to grow our presence in the Hispanic community by taking the SOS message to this audience. To kick off the "Kick the Habit" campaign, CJRW and partner Lopez-Negrete in January hosted a tobacco-free rally at Little Rock's highly populated Hispanic student body at Cloverdale Middle School. Al "Papa Rap" Lopez of northwest Arkansas provided entertainment. Other important guest speakers included Katherine Culliton of the National Latino Council on Alcohol and Tobacco Prevention and Dr. Cesar Compadre, La Casa's chairman of the board. Several local media outlets were present to cover the event.

Other Hispanic efforts currently in place include the Pike and Leverette elementary school events also featuring Papa Rap, various Cinco de Mayo sponsorships, and the central Arkansas Hispanic Soccer League sponsorship where members of two teams will don the SOS logo on their jerseys.

In February, SOS partnered with Arkansans for Drug-Free Youth to promote the International Day of Action by creating awareness of the tobacco presence in Hollywood. ADFY teen members distributed messaging on vehicles at Little Rock's RAVE Theater. *KTHV Channel 11* and *KABF Radio* covered the event.

"The Big Pitch" high school drama contest was completed in March. Fayetteville High School won the grand prize for their television spot focused on the dangers of secondhand smoke. Members of the winning team traveled to the state capitol on April 6th for a presentation of a \$2,500 gift certificate by State Representative Bill Pritchard (R) and TPEP Advisory Chair, Dr. Gary Wheeler.

In March, SOS and the Arkansas Press Association concluded its annual coloring and poetry contest targeted toward Arkansas youth. Fifty-five newspapers participated this year. Prizes are currently being distributed.

SOS partner, Advantage Communications (ACI), has begun its annual middle school tour in heavily populated African American institutions. Locations include: Fordyce, Meekins, Dermott, Eudora and Dumas.

Also, ACI will host its second annual basketball clinic on April 29th with the Arkansas Rimrockers. Young teens will have the opportunity to attend this free event and learn sport techniques and important facts in hopes they will never start using tobacco.

The SOS Community Lifesavers service learning program was completed in April. Entries from Concord, Fayetteville, Forest City, Hot Springs, J.A. Fair Magnet, Magnet Cove, Nettleton, Osceola, Smackover and Vilonia High Schools will be judged by graduate students at the University of Central Arkansas. Winners will be announced this spring.

The Arkansas Celebrity Campaign continues to grow. SOS has partnered with beloved Arkansan and acclaimed actress, Mary Steenburgen, in April to conduct a video and photo shoot. Mary joins Jermain Taylor in this campaign to encourage Arkansans to stop using tobacco.

Minority Initiatives

The University of Arkansas at Pine Bluff (UAPB), Minority Initiative Sub-Recipient Grant Office (MISRGO) sub-grantees (20 currently funded) continue to educate the public on tobacco's danger and on the harmful effects of second-hand-smoke; reducing youth access; decreasing advertising and promotion of tobacco

products and promoting the utilization of cessation resources. Program monitoring site visits have been made to all sub-grantees (20) this quarter to assess their progress.

The 3rd Annual *Clearing the Air in Communities of Color* conference is scheduled for May 24, 2006. The conference will be a collaborative effort in that we will include the Cancer Coalition's Quarterly Meeting. This conference is our continued effort to educate Arkansans' minority population on the dangers of tobacco, as well as ways the tobacco industry markets tobacco products to minority communities.

During the last few months, the office has sponsored two (2) Grant Writing Workshops and one (1) Organizational Development Workshop at sites around the state.

During this quarter sub-grantees attended a workshop that focused on sustaining funds, advocacy, and minority initiative programmatic reporting. Presenters at this workshop were Taniesha Langston (DHHS), Barbara Kump (American Heart Assoc.) and MISRGO staff.

The *Minority Initiative* (a quarterly newsletter) continues its quarterly distribution. This publication serves to highlight the activities of the MISRGO and sub-grantees.

In an effort to publicize the uniqueness of the Minority Initiative Office, staff submitted four abstracts to the 2006 International Cancer and Tobacco Conferences.

- one (1) abstract being accepted for an oral presentation "*Closing the Gap/Reaching Our Latino Communities in Arkansas*"
- Three (3) abstracts accepted for poster presentation: "*Evaluation and Program Monitoring of Tobacco Control Projects in Communities of Color*", "*The Minority Initiative at the University of Arkansas at Pine Bluff; Funding Tobacco Prevention and Education in Arkansas' Minority Communities*", and "*Organizational Capacity Building for Tobacco Prevention and Education in Arkansas' Minority Communities*".

These will be presented July 8-15, 2006 in Washington, D.C.

The MISRGO sub-grantees continue to educate the community of tobacco's danger with the continued recruitment of coalition members and more intense media campaigns.

Surveillance & Evaluation

TPEP has continued its rigorous efforts to provide science-based community interventions and to evaluate its prevention and education campaigns. TPEP is currently coordinating the Arkansas Adult Tobacco Survey (ATS) 2006. The CDC-office of smoking and Health (OSH) is providing epidemiological support through evaluating state-added questions and the final instrument, in addition to providing the sample of telephone numbers and weighting. University of Arkansas in Little Rock (UALR)-Institute of Government will collect the data. The sample size is expected to be 12,000 completed interviews. Substantial changes to the survey instrument had to be made due to the recently enacted Clean Indoor Air Act. Additional questions are being considered pertaining to chronic bronchitis, emphysema, and COPD as well as questions on the method of obtaining tobacco products (i.e., instate, bordering state, and the internet) to complement state revenue data.

Medicaid Expansion Program

The goal of the Medicaid Expansion program is to create a separate and distinct component of the Arkansas Medicaid Program that improves the health of Arkansans by expanding health care coverage and benefits to specific populations.

Program Progress

Pregnant Women Expansion

- Increased the income eligibility limit from 133% to 200% of the federal poverty level
- Program implemented November 1, 2001
- Cumulative number of program eligibles:
January 7,593
February 7,651
March 7,721
(1,186 minorities)

Hospital Benefit Coverage

- Increased the number of benefit days from 20 to 24 and decreased the co-pay on the first day of hospitalization from 22% to 10%.
- Program implemented November 1, 2001

Age 19 to 64 Expansion

- Incrementally covers 19 to 64 age group with a limited benefit package

- Population and limited benefit package defined and submitted to actuarial firm for cost analysis
- Section 1115 Waiver Concept Paper developed and submitted to CMS on 7/8/02
- ***Safety-Net Waiver approved by CMS which will offer basic health insurance to this age group through an employer sponsored initiative***

65 and Over Expansion (AR Senior)

- Incrementally increase coverage to the 65 and over population
- Implemented November 1, 2002 at 75% of QMB Level
- Increased to 80% of QMB Level effective January 1, 2003
- Current program participants:
January 4,672
February 4,695
March 4,647
(1,315 minorities)

Expenditures for January 1, 2006 through March 31, 2006 and Proportion of Leveraged Medicaid Dollars

	<u>Total</u>	<u>Tobacco</u>	<u>Federal</u>
Pregnant Women	\$1,133,550	\$ 297,330	\$ 836,220
In-Patient Hospital	\$2,261,229	\$ 593,121	\$1,668,108
ARSeniors	<u>\$1,072,487</u>	<u>\$ 281,313</u>	<u>\$ 791,174</u>
Sub-Total Program	\$4,467,266	\$1,171,764	\$3,295,502
Administration	<u>\$ 220,519</u>	<u>\$ 110,259</u>	<u>\$ 110,260</u>
Total	\$4,687,785	\$1,282,023	\$3,405,762

Important Events that have impacted the program this Quarter:

The 1115 Demonstration Waiver submitted by Arkansas on October 22, 2004, entitled the *Employer Sponsored Insurance Initiative* has now been approved by CMS. This program will increase health insurance coverage to non-pregnant adults, aged 19-64 of participating employers, whose family income is equal to or less than 200% of the federal poverty level. DHHS is in the process of developing an RFP, designing the necessary computer system modifications and preparing the required policy changes to implement the new program by January 1, 2007.

During last quarter, the agency discovered a problem with the data that was being used to draw tobacco settlement funds for the Medicaid expansion programs. The Tobacco Fund adjustments for retroactive periods have now been calculated to be \$949,227.12 for SFY 2005 and \$232,564.15 for the first quarter of SFY 06. The claiming process was corrected effective October 1, 2005.

The decision has been made to expand the AR-Seniors coverage from 80% to 100% of the Federal Poverty Level. It is anticipated that increasing the FPL will make approximately 10,000 new eligibles for the program.

Steps for Continuous Quality Improvement:

DHHS will determine the best outreach “messaging” approaches to promote the Pregnant Women and AR-Senior programs based, in part, on the outcome of data analysis regarding service usage patterns.

Arkansas Minority Health Commission (AMHC)

The Arkansas Minority Health Initiative mandates that the Arkansas Minority Health Commission (AMHC) establishes and administer screening, monitoring and treatment of hypertension, strokes and other disorders that disproportionately affect the minority groups of Arkansas.

The goals of the Arkansas Minority Health Commission are:

- **To increase awareness of hypertension, strokes and other disorders disproportionately critical to minorities** by utilizing different approaches including but not limited to the following: advertisements, distribution of educational materials and providing medication assistance materials for high risk minority populations.
- **To provide screening or access to screening** for hypertension, strokes and other disorders disproportionately critical to minorities and to provide this service to any citizen within this state regardless of racial/ethnic background.
- **To develop intervention strategies** to decrease hypertension, stroke and other disorders and their complications that disproportionately target minority populations including but are not limited to the following: smoking cessation, health education programs, weight loss, promoting a healthy lifestyle and treatment of hypertension with cost-effective medications as well as case management for patients in these programs.

Program Progress

Goal 1: To increase awareness of hypertension, strokes and other disorders that disproportionately affects minorities:

The Executive Director made a presentation on February 26, 2006 at the Second Baptist Church in England, AR and spoke on *The Second Annual Southern Ain't Fried Sunday's Program*.

- Dr. Eddie Ochoa spoke to approximately 50 4th year medical students at the UAMS Tenth Block Lecture on March 27, 2006.
- The Executive Director was invited to be the guest speaker on the March 29, 2006 episode of the SSI Today television show.
- The Executive Director made one presentation at the community leader's breakfast in Rogers, AR on February 23, 2006 highlighting not only hypertension, strokes and other disorders that disproportionately affect minorities but also the Minority Health Commission and its upcoming health fair in Rogers.
- Dr. Jones has continued to participate in the CVH Task Force sponsored by the Cardiovascular Health Program of the Division of Health in the Arkansas DHHS.
- Continued to work with Dr. Ilyas to develop relationships with Children's Hospital staff who control access to provider networks. Our goal is to develop print materials related to measurement of blood pressure in children according to recently released guidelines, which will be distributed through these networks.
- In addition, several provider groups have been advised that Dr.'s Ilyas and Jones are available to give a 1.5 hour workshop/seminar on guidelines for measurement of blood pressure in children.
- Developed two new “Minority Health Today” television show that highlighted “Capsule Endoscopy” and “Thyroid Disease”.
- Run 10-30 second radio ads on KHTE to advertise J.L. King coming to Little Rock.
- Established an agreement with the University of Arkansas at Pine Bluff to air the Minority Health Today TV Show on their campus television station.

Advisory Committee

The Arkansas Minority Health Commission consists of twelve (12) members of which four (4) members are of the general public and are appointed by the Governor, two (2) members are appointed by the President Pro Tempe of the Senate, two (2) members are appointed by the Speaker of the House of Representatives and four (4) members are required to serve as mandated by Act 912 of 1991. The AMHC Commissioners meet on a quarterly basis in targeted communities. The Commissioners are responsible for establishing policies for the organization. Members of the Commission serve on the Planning and Review Committee are responsible for the development of short and long-term goals for the agency; which require approval of the full board. The Commissioners develop and approve by-laws, personnel policies, finance reports as well as all other reports

generated within the agency. The AMHC Commission serves as the governing board for this state agency.

Goal 2: Provide screening or access to screening for hypertension, strokes and other disorders that disproportionately affect minorities:

AMHC Co-sponsored 9 health fairs thru coordination of efforts, donations of sponsorship and collaterals and information regarding hypertension, strokes and other disorders that disproportionately affect minorities.

- 4,164 attendees
- 314 Blood Pressure Checks, 55 Breast Exams/Registrations, 249 Glucose, 140 BMI, 249 Cholesterol and 115 HIV tests
- 1295 pieces of literature
- 1668 Collateral Given

The quarterly AMHC Commission Meeting was held March 16 along with a Health Fair in Benton County (Rodgers):

- 318 attendees (95% Hispanic, 3% Caucasian and 2% African American)
- 100 Glucose, 100 Cholesterol, 155 Blood Pressure Checks
- 363 Collaterals Given
- 250 Pieces of Literature

AIDS/HIV activist and author J.L. King spoke at an AMCH sponsored event at Philander Smith College February 16, 2006:

- 90 attendees (98% African American and 2% Caucasian)
- 18 Blood Pressure Checks, 19 Glucose, 18 BMI and 185 HIV tests
- 358 Collateral Items Given
- 125 Pieces of Literature

Provided health related information to call-ins regarding but not limited to hypertension, strokes and other disabilities that disproportionately affect the minority community

- 5 calls for information regarding Southern Ain't Fried Sundays Initiative.
- 7 calls requesting assistance organizing a health fair or with collateral assistance at health fairs.
- 32 call regarding the Minority Health Today show

Hypertension Screening and Treatment Initiative in Lee, Crittenden, and Chicot counties. Since program inception, a total of 11,279 screenings have been performed: 3051 (Lee), 4562 (Crittenden), and 3666 (Chicot) with 3027 screenings showing elevated blood pressure. On average, in 75% of those screenings, the

participant reported having a primary care physician. Those persons were advised to contact their primary care physician for further evaluation of their blood pressure. Of those who report having a primary care physician, most have seen that person within the last year. A total of 533 persons have been enrolled into the Hypertension Initiative to date. During the last quarter, a total of 872 screenings were administered: 34% or 297 showed elevated blood pressure readings; 217 (Lee), 296 (Crittenden), and 359 (Chicot) as a result, 23 enrolled into the program.

We have continued the planning for the new phase of the hypertension program, including:

- A review of literature involving hypertension outreach programs,
- A brainstorming session with knowledgeable public health consultants.
- A discussion with Ms. Fran Feltner, BSN, RN, Director, Lay Health Worker's Division, UK Center for Rural Health, about the State of Kentucky's experience with programs to increase access to health services.

Quality control and quality assurance activities:

- Re-certification training of blood pressure screeners for East Arkansas and Mainline CHC's (Lee blood pressure screeners were re-certified in late 2005)
- Continued to have dialog with RAND evaluators with respect to valid evaluation criteria for the program.
- Responded to an ATSC query about the program.
- Developed a master file from the monthly enrollment data provided by LCCC and EA CHC's, to be used in RAND evaluation activities.
- Responded to CHC concerns about the impact of reduced funding available to the program on program activities.
- Developed estimates of treatment vs. screening program costs based on certain assumptions applied to total cost invoicing for October

Eating and Moving for Life Program in Lee County, Mississippi County and in Sevier County. Current enrollments in the Eating and Moving for Life program are, 90 in Lee County, 117 in Mississippi, 66 in Sevier are The total number of participants who have been/or are currently enrolled is 149 in Lee County, 215 in Mississippi Count and 287 in Sevier County.

- 17% in Lee County, 21% in Mississippi, and 3% in Sevier County of the currently enrolled participants have improved their blood pressure.

- The numbers of participants who have been identified as either overweight or obese are 31 in Lee County, 75 in Mississippi County and 61 in Sevier County.
- 10 participants in Lee County, 24 participants in Mississippi County, and 34 participants in Sevier County have lost weight.

Goal 3: To develop intervention strategies to decrease hypertension, strokes and other disabilities that disproportionately affect minorities:

AMHC provided in-kind salary support for Dr. Jones, the AMHC Hypertension Medical Director and partial salary support for Dr. Namvar Zohoori, for activities towards the development of the ARCHES Study, a state-wide representative examination survey partially funded by a grant from the CDC to the Arkansas Department of Health's Cardiovascular Health Program in July 2005. Currently, the study team is in the process of finalizing the questionnaire and laboratory elements for the study, and developing the plan for training the interviewers. The study is now expected to begin contacting potential participants in mid-May 2006, and will eventually enroll 1500 participants. This study will provide critical information about the prevalence of cardiovascular disease risk factors throughout the state, with an emphasis on comparing prevalence rates between African Americans and Caucasians.

We continue to fund implementation of the Marianna Examination Study on Hypertension (MESH), a population based representative examination survey focusing on hypertension and cardiovascular disease risk factors in the City of Marianna, a community in Lee County. To date, 357 of the planned 800 surveys and 134 lab draws have been completed.

- Traveled to Marianna, AR on 3 separate occasions to conduct 6-month re-certification of interviewers and phlebotomists working with the MESH study.
- Dr. Jones has agreed to act as a Faculty Advisor to a Nephrology Fellow who will be developing a research project using MESH data.

Held one Planning & Review Committee meeting to discuss and provide guidance and direction to the AMHC Writers, CWS & Associates, on areas for them to focus on. Four proposals were decided upon and are now in various stages of process. It is expected that several related grants will be submitted during the 2006-2007 fiscal year.

AMHC continues collaboration with Mr. Darrell Montgomery, a Department of Health and Human Services Regional Hometown Health Improvement Leader, Chair of the Pulaski County Hispanic Obesity

Prevention Initiative, on a possible grant proposal on "School-based interventions to prevent obesity".

Leveraging opportunities:

Jefferson Comprehensive Care Inc. (JCCI): \$3,000.00

Lilly Pharmaceuticals, to sponsor a conference on mental health in minorities held on January 12-13, 2006: \$5,000.00

Received funding for the Second Annual Southern Ain't Fried Sundays Program from the following organizations:

- St. Vincent's Hospital: \$1,000.00, received on February 10, 2006.
- iProv: \$1,000.00
- University of Arkansas Cooperative Extension Services: \$1,000.00

Total Leveraged this quarter: **\$11, 000**

Tobacco Settlement Program Expenditures

Program Name	Appropriation Amount	FY06 Available. Funding	YTD Expenditures	Expenditures 2nd Quarter	Fund Balance
AAI	\$2,324,476	\$1,672,005	\$1,168,275	432,894	\$503,730
ABI	\$6,159,676	\$4,428,493	\$3,316,592	\$686,300	\$1,111,901
COPH	\$3,486,713	\$2,508,007	\$1,697,843	\$521,118	\$810,164
Delta AHEC	\$2,324,476	\$1,672,005	\$1,009,217	\$306,832	\$662,788
TPEP	\$17,451,384	\$20,566,351	\$9,969,243	\$2,943,287	\$10,597,108
Medicaid Expansion*	\$27,817,626	\$36,069,297	\$4,411,014	\$1,282,023	\$32,840,074**
Minority Health	\$1,672,347	\$1,672,347	\$1,050,056	\$385,268	\$622,291

* Note: This report reflects Tobacco Settlement dollars only. No Federal Medicaid Funds or appropriation are included in the chart. The match rate for Administrative Cost is 50% and the FMAP Rate for Services is 74.75%.

**Medicaid fund balance includes a prior period adjustment of \$1,181,791.



Arkansas Tobacco Settlement Commission

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Administrative Assistant: Karen Elrod

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Chairman
(Citizen selected by the Governor)

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Technology Authority

Omar Atiq, M.D.
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Karen Wheeler, Ph.D.
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Director, Arkansas
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General Practitioner
(Healthcare
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by the Speaker of the
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Anthony Fletcher, M.D.
Cardiologist, Cardiology and
Medicine Clinic
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Paul Halverson, DrPH
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Dee Cox designee
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Your Tobacco Settlement Dollars at Work

